

City of Costa Mesa Recreation Division ♦ Camp Costa Mesa Registration Form ♦ Winter

General Policies			
1. Due to the special nature of purchasing excursion tickets from actual registration, no refunds or transfers permitted unless the cancellation can be filled from a waiting list. Requests must be made one week in advance. Refund fee is \$25 and Transfer fee is \$15.			
2. A service charge of \$25 will be required on all returned checks.			
3. A \$20 fee will be charged for every 15 minutes or part thereof for late pick-ups.			
4. Program information/schedule are subject to change.			
Please Print and Fill Out Completely			
Child 1 Name (First, Last):		Date of Birth: / / M F	
Circle Hours:	Extended Regular	Circle Weeks: 1 2	
Child 2 Name (First, Last):		Date of Birth: / / M F	
Circle Hours:	Extended Regular	Circle Weeks: 1 2	
Parent/Guardian Name (First, Last):		Email:	
Home Phone:	Work Phone:	Cell Phone:	
Parent/Guardian Name (First, Last):		Email:	
Home Phone:	Work Phone:	Cell Phone:	
Address:		City:	State: Zip:
Emergency Contact:		Phone:	
FEES T-shirt size: YS YM YL AS AM AL			
Extended Hours: \$165 per week (no camp 12/25 & 1/1)		Non-Res Fee: \$	
Regular Hours: \$136 per week (no camp 12/25 & 1/1)		Sub-Total: \$	
Non-Resident Fees (Number of Participants X \$5.00 per participant, per week.)		Total Paid:	\$
Medical History			
Please check all that apply			
CHILD 1		CHILD 2	
ADD/ADHD	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	If your child needs medication to be taken while at camp you will need to fill out a "Request for Administration of Medication" form. Please request form from staff. Is Child 1 on any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of medication: Reason: Is Child 2 on any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of medication: Reason: CODE WORD INFORMATION For your child's safety, please provide a family code word, which will be required of any person who picks up your child from camp: *CODE WORD: (*Please remember this is confidential and should only be released to trusted individuals!)
Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Head Lice (recent)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other Diseases/Conditions	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
1-on-1 is needed for my child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
ALLERGIES			
Bee Stings	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Latex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Foods	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Drug Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any Other Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, please explain:			
Minor Release Waiver			
I agree to waive and release the City of Costa Mesa/Recreation Division, its officers, agents, employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting there from and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the CITY or its employees.			
Participants in programs are subject to being photographed and such photographs may be used to publicize future City programs, and understand I will not receive any compensation for such use.			
I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.			
As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in these above mentioned activities? If yes, please explain:			
Please note that we cannot know to provide reasonable accommodation unless specified by you.			
By signing this form, I have read and understood the contents of this form and agree to abide by the policies stated.			
Signature		Print Name Date	
For Office Use Only			
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit (Circle One: Visa MasterCard) <input type="checkbox"/> Check (Enter Check #:)			
Received By (staff name):		Date:	
Entered By (staff name):		Date:	

CITY OF COSTA MESA ♦ RECREATION DIVISION ♦ CAMP COSTA MESA GUARDIAN PERMISSION FORM

Child's Name: _____

Child's Name: _____

GUARDIAN AGREEMENT

Do you give your child/children permission to sign themselves in/out of the program? **YES NO**

(If yes, parent/guardian must provide a letter to Lindsay Cutrell, Assistant Recreation Supervisor.)

I understand that an adult is required to sign the child/children listed on this form out from the program and that adult must give the correct "CODE WORD" listed on the registration form.

I understand that it is a requirement for my child to have SPF 30 sunscreen, or stronger, applied before time of sign in and that I am responsible for providing my child with their own SPF 30 sunscreen, or stronger, everyday for their reapplication purposes. I understand staff is not permitted to apply sunscreen to my child.

I hereby allow my child/children to participate in activities that involve eating food (i.e. crafts, games, parties, etc.).

I hereby allow my child/children to participate in activities designated by City staff and travel in City vans or contracted vans/busses during Camp Costa Mesa.

I understand and agree to pay \$25 for every 15 minutes, determined by staff's watch, or part thereof that I/we am/are late picking up my/our child/children.

I understand that I will drop off and pick my child/children up from Camp Costa Mesa at Estancia Park (Summer Camp) or Balearic Community Center (Winter, February, Spring Camp), and the only exception is in emergency situations agreed upon with staff.

I understand that any personal belongings brought to camp by the participant/participants are at-their-own-risk.

I have been given and have read the Camp Costa Mesa Disciplinary Procedures and Rules and will comply with them.

I understand that program details/schedule/trips are subject to change without notice and it is **my responsibility** to check with staff daily for excursion departure time. A white board will be updated daily with excursion information for your convenience. **ONCE CAMPERS HAVE DEPARTED FOR AN EXCURSION, NO LATE ARRIVALS WILL BE ACCEPTED.**

I understand requests to transfer camp weeks is subject to availability and must be made in writing, a minimum 1 week in advance. All transfer requests are subject to availability and an additional \$15 per participant, per week will be charged at the time of request.

CONDITIONAL REFUND POLICY

I understand **that no refunds will be given if a replacement is not found.**

The following steps will be followed for all requests.

1. A written request must be made by 9:00 AM; five (5) business days prior to the week of cancellation (or earlier). Please deliver your request to the Recreation Leader IV at the Balearic Community Center, or fax to (714) 825-0567.
2. Staff will attempt to replace the spot from our waitlist.
3. If staff is not able to find a replacement, you will be contacted and given the option to find your own replacement.
4. If a refund is made, a \$25 refund fee will be deducted from the registration fee per participant, per week. You will receive a refund check by mail, in about three (3) weeks.

ADDITIONAL INFORMATION

In the event of an emergency, contact the Balearic Community Center at (714) 754-5158 or City Hall Recreation Counter at (714) 754-5300. Staff will contact the Camp Costa Mesa staff on location, on or off site.

Parent Printed Name _____

Parent Signature _____ Date _____

City of Costa Mesa
Public Services Department/Recreation Division
Parent/Guardian Release of Liability for the Application of Sunscreen
(Please Print Legibly)

The City of Costa Mesa recognizes that overexposure to ultraviolet (UV) radiation from the sun and artificial sources such as sunlamps and tanning beds is linked to the development of skin cancer, eye damage, premature aging, and a weakened immune system and that children are particularly vulnerable to the effects of overexposure. The City desires to support the prevention of excessive UV radiation by children participating in the City's Recreational Programs.

I, _____ (Parent/Guardian Name) the parent/guardian of _____
(Participant's Name) request that City employees apply spray-on only sunscreen with UV protection of 30 or greater
provided by me to _____ (Participant's Name) at intervals designated by Staff while participating
in _____ (Recreation Program). I understand that City employees may only apply a UV
protection of 30 or greater in spray-on form only which is provided by me.

____ (*Initials*) I understand and acknowledge that City employees are not medically trained as to the negative effects of ultraviolet radiation and further acknowledge that _____ (Participant's Name) has no allergic reaction to the UV protection spray which I have provided.

____ (Initials) I acknowledge that City employees will only spray the UV Protection provided by me on _____ (Participant's Name) and will not engage in any physical contact to ensure that it is evenly applied on Participant's skin. Other program participants may be permitted to apply or assist in applying sunscreen on my child or ward's skin.

I hereby for myself, my child, my heirs or anyone who might claim on my behalf or my child's behalf, AGREE NOT TO BRING ANY CLAIM and waive, release and discharge the City of Costa Mesa, its officers, agents and employees from any and all liability for personal injury or death arising out of or occurring in the course of administering specialized physical health care services to _____ (Participant's Name) during participation in the _____ (Name of Recreation Program).

This release and waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown, whether or not due to negligence.

I HAVE READ THE RELEASE OF LIABILITY OF THE ADMINISTRATION OF
SUNSCREEN AND CERTIFY MY AGREEMENT BY MY SIGNATURE

A parent or guardian must sign if they are living with or have custody of the participant.

[] Please check this box if you do not want this policy applied to your child. By signing below you agree not to bring any claim, and further waive, release and discharge the City of Costa Mesa, its officers, agents, employees and volunteers from any and all liability for personal injury or death arising out of or related to his/her non-participation.

_____/_____/_____
Parent/Guardian Signature Date